

Registration No.	Period Begin	Period End	Due Date

1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ Date closed: _____
Return permit to Maine Revenue Services
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check off type of change below:
☐ Incorporated ☐ Partner added or dropped
☐ Other (explain on reverse)
☐ Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Schedules A and B on reverse side must be completed.

Total Receipts - Box "A" from Sch. A	1.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	x .0025	1a.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Total Transfers - Box "D" from Sch. B	2.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	x .0025	2a.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
				<hr/>	
Shrinkage per Receipts and Transfers	Total lines 1a + 2a			3.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Maximum Shrinkage Allowance	Line 1 x .005			4.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
				<hr/>	
Total Allowable Shrinkage	Enter lesser of line 3 or line 4			5.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Actual Net Shrinkage - Box "B" minus Box "C" from Sch. A	Cannot be less than zero			6.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
				<hr/>	
Unaccounted Fuel	Line 6 minus Line 5			7.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
If line 7 is zero or less than zero, enter zero, sign the return and mail to Maine Revenue Service.					
Additional Excise Tax Due	Line 7 x \$.263			8.	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>



Mail To:
Maine Revenue Service
P.O. Box 1064
Augusta, ME 04332-1064

Signature and Title

Print Name

Date

Phone #

Sch. A - Receipts

	Beginning Inventory	Receipts Undyed Fuel	Total Available Gallons	Ending Inventory	Total Accountable Gallons	Total Gallons Sold/Used	Gain/ (Shrinkage)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Undyed Fuel Only			(Col 1 plus Col 2)		(Col 3 minus Col 4)		(Col 6 minus Col 5)
Jan Diesel							
Kerosene							
Feb Diesel							
Kerosene							
Mar Diesel							
Kerosene							
Apr Diesel							
Kerosene							
May Diesel							
Kerosene							
June Diesel							
Kerosene							
July Diesel							
Kerosene							
Aug Diesel							
Kerosene							
Sept Diesel							
Kerosene							
Oct Diesel							
Kerosene							
Nov Diesel							
Kerosene							
Dec Diesel							
Kerosene							
Totals		(A)			(B)	(C)	

To Line 1 on front

Sch B - Transfers

	Vessels (Gallons)	Tank Cars	Full Tank Truck	Total Transfers
	(1)	(2)	(3)	(4)
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				
			(D)	

If Box "C" is greater than or equal to Box "B", there is no shrinkage allowance to compute. Bring zero forward to line 6 on reverse side.

If Box "B" is greater than Box "C", subtract Box "C" from Box "B" and enter that amount on line 6 on reverse side.

To Line 2 on front